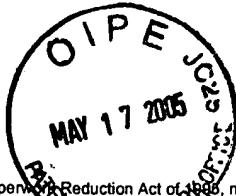


1636/SA  
J. M. age

AMENDMENT TRANSMITTAL LETTER				Docket No. 4614-0149PUS1
Application No. 10/072,036-Conf. #003012	Filing Date February 5, 2002	Examiner M. D. Burkhart	Art Unit 1636	
Applicant(s): Ole THASTRUP et al.				
Invention: A METHOD FOR EXTRACTING QUANTITATIVE INFORMATION RELATING TO AN INFLUENCE ON A CELLULAR RESPONSE				
<p><b>MS Amendment</b>  <b>Commissioner for Patents</b>  <b>P.O. Box 1450</b>  <b>Alexandria, VA 22313-1450</b></p> <p>Transmitted herewith is an amendment in the above-identified application.</p> <p>The fee has been calculated and is transmitted as shown below.</p>				
<b>CLAIMS AS AMENDED</b>				
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate
Total Claims	25	- 47 =	0	x 25.00
Independent Claims	3	- 8 =	0	x 100.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>				
Other fee (please specify): Extension for response within second month				225.00
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b>				<b>\$225.00</b>
<input type="checkbox"/> Large Entity		<input checked="" type="checkbox"/> Small Entity		
<input type="checkbox"/> No additional fee is required for this amendment.				
<input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____.		A duplicate copy of this sheet is enclosed.		
<input checked="" type="checkbox"/> A check in the amount of \$ 225.00 to cover the extension fee is enclosed.				
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.				
<input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. 02-2448 as described below. A duplicate copy of this sheet is enclosed.				
<input type="checkbox"/> Credit any overpayment.				
<input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.				
Dated: May 17, 2005				
<p>Leonard R. Svensson    Attorney Reg. No.: 30,330</p> <p>BIRCH, STEWART, KOLASCH &amp; BIRCH, LLP    8110 Gatehouse Rd    Suite 100 East    P.O. Box 747    Falls Church, Virginia 22040-0747    (703) 205-8000</p>				



Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.

**Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).**  
Effective May 13, 2004.

## FEE TRANSMITTAL For FY 2005

Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT** (\$ 225.00)

### Complete if Known

Application Number	10/072,036-Conf. #003012
Filing Date	February 5, 2002
First Named Inventor	Ole THASTRUP
Examiner Name	M. D. Burkhardt
Art Unit	1636
Attorney Docket No.	4614-0149PUS1

### METHOD OF PAYMENT (check all that apply)

Check  Credit Card  Money Order  None  Other (please identify): \_\_\_\_\_  
 Deposit Account Deposit Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below  Charge fee(s) indicated below, except for the filing fee  
 Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17  Credit any overpayments

### FEE CALCULATION

#### 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

#### 2. EXCESS CLAIM FEES

##### Fee Description

Each claim over 20 (including Reissues)

<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>
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50

25

Each independent claim over 3 (including Reissues)

200

100

Multiple dependent claims

360

180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
25	- 47 = 0	x \$25	= 0			
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)			
3	- 8 = 0	x \$100	= 0			

#### 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

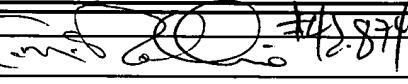
<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
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- 100 = \_\_\_\_\_ /50 \_\_\_\_\_ (round up to a whole number) x \_\_\_\_\_ = \_\_\_\_\_

#### 4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): 1252 Extension for response within second month \$225.00

SUBMITTED BY		Registration No. (Attorney/Agent)	Telephone
Signature		30,330	(703) 205-8000
Name (Print/Type)	Leonard R. Svensson	Date	May 17, 2005